Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott Governor

John H. Armstrong, MD, FACS

State Surgeon General & Secretary

BARS AND CIVIC ORGANIZATION REQUIREMENTS

Reason for Application: new facility change of ownership change to facility (please circle)

This sheet must be completed for all new bars. If this is a change of ownership, you must also complete this form but you will be held to the plumbing code at the original time of permitting until the facility is expanded or changes use.

DATE:	PROPOSED # OF SEATS:	PROPOSED # OF STAFF:		
PROJECT NAME:				
ADDRESS:			_	
PERSON TO CONTACT:	PHO	DNE		
Floor plans of facil	ity provided and drawn to scale. Scal	e must be shown on the floor pla	ın.	
	showing sewer charges or letter of se on septic, answer next line.	wer connection provided.		
Facility is o	on septic. Must fill out Existing Syste oplicable.	m Verification OR modify existing	g annual operating	
Water supp	oly (public water or well)			
Plan Revie	w fee, Annual Permit fee and ABT sig	n-off fee paid		
1 toilet sho	own on floor plan for every 40 patrons	s.		
Must show	both men's and women's restrooms	on floor plan.		
1 hand wash sink shown on floor plan for every 75 patrons in each restroom.				
1 water for	untain shown on site plan for every 50	00 patrons.		
1 mop sink	shown on floor plan.			
Number of	pool tables / video games.			
Three compartment sink in the bar area. Also needed in kitchen area for civic organizations.				
Hand wash	Hand wash sink in the bar area. Also needed in kitchen area for civic organizations.			
is not per	ivic organization that prepares form mitted in bar facilities. Bars e food only.	od? Please keep in mind that are permitted to serve prepac		
Signature, Owner / Owner'	s Representative	Date	Rev 02122014	